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# HOUSE BILL No. 1209

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 12-15-12-21.

**Synopsis:** Alternative Medicaid managed care accreditation. Allows accreditation of a Medicaid managed care organization by the American Accreditation HealthCare Commission/URAC.

**Effective:** July 1, 2009.

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January 12, 2009, read first time and referred to Committee on Public Health.

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Introduced

First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

## HOUSE BILL No. 1209

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

*Be it enacted by the General Assembly of the State of Indiana:*

1       SECTION 1. IC 12-15-12-21, AS ADDED BY P.L.113-2008,  
2       SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3       JULY 1, 2009]: Sec. 21. (a) Not later than January 1, 2011, the  
4       following must be accredited by the National Committee for Quality  
5       Assurance, **the American Accreditation HealthCare**  
6       **Commission/URAC**, or ~~its~~ a successor **organization**:

7               (1) A managed care organization that has contracted with the  
8               office before July 1, 2008, to provide Medicaid services under the  
9               risk based managed care program.

10              (2) A behavioral health managed care organization that has  
11              contracted before July 1, 2008, with a managed care organization  
12              described in subdivision (1).

13       (b) A:

14              (1) managed care organization that has contracted with the office  
15              after June 30, 2008, to provide Medicaid services under the risk  
16              based managed care program; or

17              (2) behavioral health managed care organization that has

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1           contracted after June 30, 2008, with a managed care organization  
2           described in subdivision (1);  
3           must begin the accreditation process and obtain accreditation by ~~the~~  
4           ~~National Committee for Quality Assurance~~ or its successor **an**  
5           **accrediting organization specified in subsection (a)** at the earliest  
6           time that ~~the National Committee for Quality Assurance~~ **either**  
7           **accrediting organization or a successor** allows a managed care  
8           organization to be accredited.

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